



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXAS HEALTH OF DALLAS
3255 W. PIONEER PARKWAY
ARLINGTON TX 76013

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

DALLAS ISD

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-10-3381-01

MFDR Date Received

MARCH 22, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have found in this audit they have not paid what we determine is the correct allowable per the APC allowable per the new fee schedule that started 3/01/2008 for the following account."

Amount in Dispute: \$2,789.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier, or its agent, did not respond to the request for medical fee dispute resolution

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
May 26, 2009, May 28, 2009, May 29, 2009	Outpatient Hospital Services	\$2,789.78	\$1,510.08-

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403, titled *Hospital Facility Fee Guideline – Outpatient*, sets out the reimbursement guidelines for facility services provided in an outpatient acute care hospital.
3. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, sets out the reimbursement for guidelines for professional medical services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated July 14, 2009, September 18, 2009 and February 17, 2010

- 97H – The benefit for this service is included in the payment/allowance for another service/procedure that

has already been adjudicated. *Service(s)/procedure is included in the value of another service/procedure billed on the same date.*

- 16L – Claim/service lacks information which is needed for adjudication. *Implants require a statement of certification. For ASC Rule 134.402; Outpatient Hospital Rule 134.403; Inpatient Hospital Rule 134.404*
- W1KA – Workers Compensation state Fee Schedule Adjustment *Reimbursement per the Hospital Facility Fee Guideline Outpatient Rule 134.403.*
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Additional payment made on appeal/reconsideration.

Issues

1. Are the disputed services subject to a contractual agreement between the parties to this dispute?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. What is the recommended payment amount for the services in dispute?
4. Is the requestor entitled to reimbursement?

Findings

1. Review of the submitted documentation finds no information to support a contractual agreement between the parties to this dispute.
2. This dispute relates to facility services performed in an outpatient hospital setting with reimbursement subject to the provisions of 28 Texas Administrative Code §134.403, which requires that the reimbursement calculation used for establishing the maximum allowable reimbursement (MAR) shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the Federal Register with the application of minimal modifications as set forth in the rule. Per §134.403(f)(1), the sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 200 percent, unless a facility or surgical implant provider requests separate reimbursement of implantables. Review of the submitted documentation finds that separate reimbursement for implantables was not requested.
3. Under the Medicare Outpatient Prospective Payment System (OPPS), each billed service is assigned an Ambulatory Payment Classification (APC) based on the procedure code used, the supporting documentation and the other services that appear on the bill. A payment rate is established for each APC. Depending on the services provided, hospitals may be paid for more than one APC per encounter. Payment for ancillary and supportive items and services, including services that are billed without procedure codes, is packaged into payment for the primary service. A full list of APCs is published annually in the OPPS final rules which are publicly available through the Centers for Medicare and Medicaid Services (CMS) website. Reimbursement for the disputed services is calculated as follows:
 - Procedure code A4306 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code C1751 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code L3670 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$97.27. 125% of this amount is \$121.59. The recommended payment is \$121.59.
 - Procedure code C1713 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code 36415 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$3.00. 125% of this amount is \$3.75. The recommended payment is \$3.75.

- Procedure code 86891 has a status indicator of X, which denotes ancillary services paid under OPSS with separate APC payment. This service is classified under APC 0345, which, per OPSS Addendum A, has a payment rate of \$14.49. This amount multiplied by 60% yields an unadjusted labor-related amount of \$8.69. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$8.53. The non-labor related portion is 40% of the APC rate or \$5.80. The sum of the labor and non-labor related amounts is \$14.33. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$14.33. This amount multiplied by 200% yields a MAR of \$28.66.
- Procedure code 80048 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$12.36. 125% of this amount is \$15.45. The recommended payment is \$15.45.
- Procedure code 80048 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$12.36. 125% of this amount is \$15.45. The recommended payment is \$15.45.
- Procedure code 82962 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$3.42. This amount multiplied by 3 units is \$10.26. 125% of this amount is \$12.83. The recommended payment is \$12.83.
- Procedure code 82962 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$3.42. This amount multiplied by 2 units is \$6.84. 125% of this amount is \$8.55. The recommended payment is \$8.55.
- Procedure code 85025 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$11.35. 125% of this amount is \$14.19. The recommended payment is \$14.19.
- Procedure code 71020 has a status indicator of X, which denotes ancillary services paid under OPSS with separate APC payment. This service is classified under APC 0260, which, per OPSS Addendum A, has a payment rate of \$44.70. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.82. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$26.33. The non-labor related portion is 40% of the APC rate or \$17.88. The sum of the labor and non-labor related amounts is \$44.21. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$44.21. This amount multiplied by 200% yields a MAR of \$88.41.
- Procedure code 23420 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 100%. This service is classified under APC 0051, which, per OPSS Addendum A, has a payment rate of \$2,996.00. This amount multiplied by 60% yields an unadjusted labor-related amount of \$1,797.60. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$1,764.52. The non-labor related portion is 40% of the APC rate or \$1,198.40. The sum of the labor and non-labor related amounts is \$2,962.92. If the total cost for a service exceeds 1.75 times the OPSS payment and also exceeds the annual fixed-dollar threshold of \$1,800, the outlier payment

is 50% of the amount by which the cost exceeds 1.75 times the OPSS payment. Per the OPSS Facility-Specific Impacts file, CMS lists the cost-to-charge ratio for this provider as 0.289. This ratio multiplied by the billed charge of \$9,949.50 yields a cost of \$2,875.41. The total cost of all packaged items is allocated proportionately across all separately paid OPSS services based on the percentage of the total APC payment. The APC payment for this service of \$2,962.92 divided by the sum of all APC payments is 97.68%. The sum of all packaged costs is \$8,734.00. The allocated portion of packaged costs is \$8,531.79. This amount added to the service cost yields a total cost of \$11,407.19. The cost of this service exceeds the annual fixed-dollar threshold of \$1,800. The amount by which the cost exceeds 1.75 times the OPSS payment is \$6,222.08. 50% of this amount is \$3,111.04. The total APC payment for this service, including outliers and any multiple procedure discount, is \$6,073.96. This amount multiplied by 200% yields a MAR of \$12,147.92.

- Procedure code A4306 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
- Procedure code C1751 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
- Procedure code L3670 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$97.27. 125% of this amount is \$121.59. The recommended payment is \$121.59.
- Procedure code C1713 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
- Procedure code 36415 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$3.00. 125% of this amount is \$3.75. The recommended payment is \$3.75.
- Procedure code 86891 has a status indicator of X, which denotes ancillary services paid under OPSS with separate APC payment. This service is classified under APC 0345, which, per OPSS Addendum A, has a payment rate of \$14.49. This amount multiplied by 60% yields an unadjusted labor-related amount of \$8.69. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$8.53. The non-labor related portion is 40% of the APC rate or \$5.80. The sum of the labor and non-labor related amounts is \$14.33. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$14.33. This amount multiplied by 200% yields a MAR of \$28.66.
- Procedure code 80048 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$12.36. 125% of this amount is \$15.45. The recommended payment is \$15.45.
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- Procedure code 82962 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPSS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPSS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The

fee listed for this code in the applicable Medicare fee schedule is \$3.42. This amount multiplied by 3 units is \$10.26. 125% of this amount is \$12.83. The recommended payment is \$12.83.

- Procedure code 82962 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$3.42. This amount multiplied by 2 units is \$6.84. 125% of this amount is \$8.55. The recommended payment is \$8.55.
- Procedure code 85025 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$11.35. 125% of this amount is \$14.19. The recommended payment is \$14.19.
- Procedure code 71020 has a status indicator of X, which denotes ancillary services paid under OPPS with separate APC payment. This service is classified under APC 0260, which, per OPPS Addendum A, has a payment rate of \$44.70. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.82. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$26.33. The non-labor related portion is 40% of the APC rate or \$17.88. The sum of the labor and non-labor related amounts is \$44.21. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$44.21. This amount multiplied by 200% yields a MAR of \$88.41.
- Procedure code 23420 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 100%. This service is classified under APC 0051, which, per OPPS Addendum A, has a payment rate of \$2,996.00. This amount multiplied by 60% yields an unadjusted labor-related amount of \$1,797.60. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$1,764.52. The non-labor related portion is 40% of the APC rate or \$1,198.40. The sum of the labor and non-labor related amounts is \$2,962.92. If the total cost for a service exceeds 1.75 times the OPPS payment and also exceeds the annual fixed-dollar threshold of \$1,800, the outlier payment is 50% of the amount by which the cost exceeds 1.75 times the OPPS payment. Per the OPPS Facility-Specific Impacts file, CMS lists the cost-to-charge ratio for this provider as 0.289. This ratio multiplied by the billed charge of \$9,949.50 yields a cost of \$2,875.41. The total cost of all packaged items is allocated proportionately across all separately paid OPPS services based on the percentage of the total APC payment. The APC payment for this service of \$2,962.92 divided by the sum of all APC payments is 95.18%. The sum of all packaged costs is \$8,627.87. The allocated portion of packaged costs is \$8,211.85. This amount added to the service cost yields a total cost of \$11,087.26. The cost of this service exceeds the annual fixed-dollar threshold of \$1,800. The amount by which the cost exceeds 1.75 times the OPPS payment is \$5,902.14. 50% of this amount is \$2,951.07. The total APC payment for this service, including outliers and any multiple procedure discount, is \$5,913.99. This amount multiplied by 200% yields a MAR of \$11,827.99.
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- Procedure code 94760 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
- Procedure code 99201 has a status indicator of V, which denotes clinic or emergency department visit paid under OPPS with separate APC payment. This service is classified under APC 0604, which, per OPPS Addendum A, has a payment rate of \$54.68. This amount multiplied by 60% yields an unadjusted labor-related amount of \$32.81. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$32.20. The non-labor related portion is 40% of the APC rate or \$21.87. The sum of the labor and non-labor related amounts is \$54.08. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$54.08. This amount multiplied by 200% yields a MAR of \$108.15.
- Procedure code J0690 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
- Procedure code J0690 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.

- Procedure code J1100 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J1170 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J1885 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J2175 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J2250 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J2405 has a status indicator of K, which denotes nonpass-through drugs and biologicals paid under OPPS with separate APC payment. This service is classified under APC 0768, which, per OPPS Addendum A, has a payment rate of \$0.20. This amount multiplied by 60% yields an unadjusted labor-related amount of \$0.12. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$0.12. The non-labor related portion is 40% of the APC rate or \$0.08. The sum of the labor and non-labor related amounts is \$0.20. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$0.20. This amount multiplied by 200% yields a MAR of \$0.40.
 - Procedure code J2405 has a status indicator of K, which denotes nonpass-through drugs and biologicals paid under OPPS with separate APC payment. This service is classified under APC 0768, which, per OPPS Addendum A, has a payment rate of \$0.20. This amount multiplied by 60% yields an unadjusted labor-related amount of \$0.12. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$0.12. The non-labor related portion is 40% of the APC rate or \$0.08. The sum of the labor and non-labor related amounts is \$0.20. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$0.20. This amount multiplied by 200% yields a MAR of \$0.40.
 - Procedure code J3010 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J7120 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code 93005 has a status indicator of S, which denotes a significant procedure not subject to multiple procedure discounting, paid under OPPS with separate APC payment. This service is classified under APC 0099, which, per OPPS Addendum A, has a payment rate of \$26.09. This amount multiplied by 60% yields an unadjusted labor-related amount of \$15.65. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$15.37. The non-labor related portion is 40% of the APC rate or \$10.44. The sum of the labor and non-labor related amounts is \$25.80. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$25.80. This amount multiplied by 200% yields a MAR of \$51.60.
 - Procedure code 99407 has a status indicator of X, which denotes ancillary services paid under OPPS with separate APC payment. This service is classified under APC 0031, which, per OPPS Addendum A, has a payment rate of \$11.42. This amount multiplied by 60% yields an unadjusted labor-related amount of \$6.85. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$6.73. The non-labor related portion is 40% of the APC rate or \$4.57. The sum of the labor and non-labor related amounts is \$11.29. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$11.29. This amount multiplied by 200% yields a MAR of \$22.59. This amount multiplied by the annual wage index for this facility of 0.9816 yields an adjusted labor-related amount of \$6.73. The non-labor related portion is 40% of the APC rate or \$4.57. The sum of the labor and non-labor related amounts is \$11.29. The cost of this service does not exceed the annual fixed-dollar threshold of \$1,800. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$11.29. This amount multiplied by 200% yields a MAR of \$22.59.
4. The total recommended payment for the services in dispute is \$12,320.00. This amount less the amount previously paid by the insurance carrier of \$10,809.92 leaves an amount due to the requestor of \$1,510.08.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,510.08.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,510.08, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	<u>August 30, 2012</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.